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Utah Insurance Department
Insurance Commissioner

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Governor

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Examination Division
Chief Financial Examiner

**PROFESSIONAL EMPLOYER ORGANIZATION –
SMALL OPERATION LICENSE
LICENSE APPLICATION**
___ Initial Application ___ Renewal Application

Legal name of applicant: _____ FEIN#: _____

List any other names under which the PEO will engage in a professional employer service.

Principal business location (street, city, state, ZIP code):

Mailing address, if different from principal business location.

Contact person (name, title, telephone number, fax number, email address):

Applicant's Website Address:

Has there been any adverse regulatory action taken by any state or federal regulatory law enforcement or regulatory agency against the PEO, an owner, a director, an officer, or senior executive officer? Yes___ No___ If yes, attach an explanation and any documentation pertaining to the action.

Is the Professional Employer Organization a member of a professional employer organization group that files on a combined or consolidated basis? Yes___ No___

If yes:

1. Does each member of the professional employer organization group guarantee the obligations of each other member of the professional employer organization group under this chapter? Yes No If "no" the Professional Employer Organization does not qualify as a group and must apply as an individual Professional Employer Organization.
2. Does the controlling entity of the professional employer organization group guarantee the obligations of the professional employer organization under this chapter? Yes No If "no" the Professional Employer Organization does not qualify as a group and must apply as an individual Professional Employer Organization.

Is the applicant licensed in another state that has requirements substantially similar to or more restrictive than Utah Code 31A-40, Professional Employer Organization Licensing Act? Yes___ No___

If yes, list the state _____.

Is the applicant in good standing in that state? Yes___ No___

Does the applicant maintain an office in Utah? Yes___ No___

If yes, do not proceed with this form. You must apply using the PROFESSIONAL EMPLOYER ORGANIZATION – NOT CERTIFIED THROUGH AN ASSURANCE ORGANIZATION application.

Does the applicant solicit clients located or domiciled in Utah? Yes___ No___

If yes, do not proceed with this form. You must apply using the PROFESSIONAL EMPLOYER ORGANIZATION – NOT CERTIFIED THROUGH AN ASSURANCE ORGANIZATION application.

Does the applicant have more than fifty (50) employees employed or domiciled in Utah? Yes___ No___

If yes, do not proceed with this form. You must apply using the PROFESSIONAL EMPLOYER ORGANIZATION – NOT CERTIFIED THROUGH AN ASSURANCE ORGANIZATION application.

Is the applicant owned by another PEO operating in Utah? Yes___ No___

If yes, do not proceed with this form. You must apply using the PROFESSIONAL EMPLOYER ORGANIZATION – NOT CERTIFIED THROUGH AN ASSURANCE ORGANIZATION application.

The following information must accompany this application:

1. Payment of a non-refundable \$2,050 fee, (\$2,000 license and \$50 E-commerce fee).
2. Provide the name and number of employees in Utah for each client with employees in Utah.

By submitting this application:

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or other material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

I further certify that I grant permission to the Commissioner to verify information with any federal, state, or local government agency, current or former employer, or insurance company.